Utah-DHS-
ORS
FORM 602 Revision 09/04/04

<u>GOOD CAUSE</u>

<u>DEFERRAL/WAIVER</u>

1. This form must be completed by the worker and submitted to the Region Director and Division Director for any case where the caseworker is requesting ORS to postpone or waive collection of current or past-due child support. If the Region Director or Division Director <u>does not</u> agree with the waiver request, it will be returned directly to the caseworker as denied. If the Region Director or Division Director approves the request, it will be forwarded to the Division Director or Superintendent of the Institution. The Division Director or Superintendent will forward it to ORS if he or she agrees with the request.
2. The ORS/CIC Regional Director (or designee) will review the waiver request to verify compliance with state and federal law and with established waiver criteria, and to verify any financial information used in the request. The ORS/CIC Regional Director (or designee) will forward the request to the Division Director/Superintendent (or designee) designating either agreement or disagreement. If the Division Director/Superintendent (or designee) and the ORS/CIC Regional Director disagree about the waiver, it will be sent with comments to the Executive Director of the Department (or designee) for a decision. The Executive Director or designee will inform both the ORS/CIC Regional Director and the Division Director/Superintendent of the decision.
3. The caseworker must be very specific in the justification for the request and give enough detail for the Director/Superintendent of the referring agency to make a determination. **A request for a waiver or postponement of support payments should be based on facts, explaining that the present family has been encumbered by an unpreventable loss of income or extraordinary and necessary expenses not considered at the time the order was established.**

<u>The Agency hereby requests the Office of Recovery Services to suspend the collection of child support in the following case(s)</u>:

PARENT(S):		SS#:
		SS#:
CHILD(REN):	DOB:	SS#:
	DOB:	SS#:
	DOB:	SS#:
	DOB:	SS#:

<u>SPECIFIC REASON FOR THE REQUEST</u>: [Describe in detail how the collection of a support amount would be unjust, inappropriate, or not in the best interest of the child(ren) in this particular case. Use back of form or additional paper if needed. Submit documentation that substantiates the request.] Please refer to established waiver criteria.
I have attached documentation to substantiate the request. Circle one: yes   no
_____
_____
_____

<u>PARENTS' CURRENT PAYMENT ARRANGEMENT WITH ORS</u>: (Describe)
_____
_____

| THIS REQUEST APPLIES TO THE FOLLOWING: [ ] Postponement or [ ] Waiver of [ ] Current or [ ] Past-Due Child Support |
| REQUEST FOR DEFERRAL FOR: [ ] 3 Months [ ] 6 Months [ ] Other: [ ] Permanent Waiver of Collection |
| ***Worker**:   Phone: Date |
| ***Supervisor**:   Phone: Date |

[   ]   AGREE   [   ]   DISAGREE   _____
_____
COMMENTS: *REGION DIRECTOR, CUSTODIAL AGENCY   Date
_____
_____

[   ]   APPROVED   [   ]   DENIED   _____
_____
COMMENTS: *DIVISION   DIRECTOR,   CUSTODIAL   AGENCY   (or   designee)
Date
_____
_____

RESPONSE FROM ORS:
[   ]   AGREE   [   ]   DISAGREE   _____   _____
_____
COMMENTS: Date   ORS DIRECTOR (or Designee)   Phone
_____

_____
_____

[   ]   APPROVED   [   ]   DENIED   _____

COMMENTS: _____   DHS EXECUTIVE DIRECTOR (or Designee)   Date
_____

* All custodial agency signatures must be obtained prior to sending the form to ORS, or the form will be returned to the caseworker.